

OHIO CAPITAL IMPACT CORPORATION

SUMMER CAMP

2023



OCCH
88 E Broad Street #1800
Columbus, OH 43215
www.occh.org



OCIC
OHIO CAPITAL
IMPACT
CORPORATION

An Affiliate of Ohio Capital Corporation for Housing

2023 OCIC Summer Camp Application Questions

Below is the list of questions as seen on the 2023 OCIC Summer Camp Application on Microsoft Forms. Please use this document to prepare your answers and submit your responses via the 2023 OCIC Summer Camp Application linked [here](#).

Priority will be given to projects that align with OCIC objectives and that have a plan to demonstrate visible and measurable impact. Questions and/or attachments may be submitted to IMPACT@occh.org, or call 614-224-8446 for additional details.

Attachments may be included to document support from participating agencies/funders, or to provide other information as needed. OCIC Attachments are available here: <https://www.occh.org/wp-content/uploads/2020/07/OCIC-Grant-Application-Attachments.xlsx>.

Common OCIC Grant Resources can be found here: <https://www.occh.org/resource/grant-applications/>

Partner Contact Information

Partner Organization:

Partner Address (Street, City, ST Zip):

Tax ID Number:

Are you a 501 ©(3) :

Contact Person and Phone Number:

Name of Third-Party Summer Camp Provider

Organization Name:

Organization Address (Street, City, ST Zip):

Describe this organization's history and experience relevant to the population to be served and the grant activities proposed:

Property Information

Name of OCCH property/ies:

Property Address/es (Street, City, ST Zip):

Year Project was Placed-in-Service (Must be no earlier than 2009):

Describe the property and residents of the low-income housing tax credit property affiliated with OCCH:

Funding Request

Program/Project Name:

Total Program Budget:

Total Requested Amount:

Provide an explanatory narrative of the proposal budget:

Proposal Details

Describe your proposal in 500 characters or less. Please describe the problem or need your proposal will address. Detail goals you hope to accomplish, resident recruitment and outreach efforts, and activities to be completed:

Proposed number of residents served:

Which age groups is your proposal serving:

- 0-5 yrs.
- 6-11 yrs.
- 12-17 yrs.
- 14-21 yrs.
- 18-39 yrs.
- 18-64 yrs.
- 65+ yrs.
- Varied

Geographic Region(s) Served (Select all that apply)

- Central OH
- Northeast OH
- Northwest OH
- Southeast OH
- Southwest OH
- Lexington KY
- Louisville KY
- Memphis TN

Program Impact & Sustainability

If funded in previous years, how is this year's summer camp program being evolved, or re-imagined improving or continue to grow based on last year's summer camp outcomes?

Describe how your program or service is designed to make an impact on the problem or need identified. Point to the specific activities you will undertake to bring about desired changes. (Applicants must complete the table in Attachment B).

Describe if or how your program will continue once OCIC funds have been expended:

Measurement of Key Indicators and Performance Metrics

What goals do you hope to achieve? Describe how the activities will have a meaningful impact on residents' lives:

Describe the outcome measurements used to reflect impact achieved and success of the program:

Capacity

Identify the members of the program team and their qualifications, including those team members from organizations other than the applicant. Discuss the track record of each organization as it relates to the services or programming in this proposal:

Describe any services or programming currently being provided to residents. If a service coordinator is available to the property, describe if the professional is located on site and how frequently they are in contact with residents:

Submission Confirmation

Authorized Signer Name:

By entering your full name below, you certify that you are authorized to do so on behalf of the requesting organization. Your signature also indicates your understanding that this application is subject to review and funding is not guaranteed based solely on submission.

Authorized Signer Title: